



## Certification of Beneficial Owner(s)

### Legal Entity Information For a Deposit/Loan Account

a. Name of Legal Entity: Superb Motors Inc.

Type: Corporation

b. Physical Address of Legal Entity: 216 Northern Blvd, Great Neck, NY 11021 Tax ID #: [REDACTED]

c. Name of Individual Opening the Account: Anthony Deo

Title: CEO

### Ownership Information

- d. • List each individual or entity who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.  
• If an individual's aggregate ownership is 25% or more, even if the entity owns less than 25%, it should be listed.

Name of Individual or Entity	% of Ownership	Name of Individual or Entity	% of Ownership
Anthony Deo	100%		

☐ If checked, ownership % is less than 25% and will be blank.

### e. Beneficial Owner Detail

- For natural persons listed in (d) record the following information:
- Explain below any layers of Beneficial Ownership by listing natural persons who own entities noted in (d). Only list individuals if their equity ownership is 25% or more of the Legal Entity opening the account.

Beneficial Owner #1: <u>Anthony Deo</u>		Name of Entity: <u>Superb Motors Inc.</u>	
% of Ownership: <u>100%</u>	Date of Birth: <u>[REDACTED]</u>	Title: <u>CEO</u>	
Address: <u>3 Sedda Ridge Road, Old Westbury, NY 11568</u>		For U.S. Persons Social Security #: <u>[REDACTED]</u>	
Driver's License # or Other ID: <u>[REDACTED]</u>		For Non-U.S. Persons Passport # or other ID*: <u>[REDACTED]</u>	
Issuing State or Country of ID: <u>New York</u>		ID Expiration Date: <u>[REDACTED]</u>	
Beneficial Owner #2: _____		Name of Entity: _____	
% of Ownership: _____	Date of Birth: ____/____/____	Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: ____/____/____	
Beneficial Owner #3: _____		Name of Entity: _____	
% of Ownership: _____	Date of Birth: ____/____/____	Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: ____/____/____	



# **Certification of Beneficial Owner(s)**

Ownership Information Continued	
Beneficial Owner #4: _____	Name of Entity: _____
% of Ownership: _____ Date of Birth: ____/____/____	Title: _____
Address: _____	For U.S. Persons Social Security #: _____
Driver's License # or Other ID: _____	For Non-U.S. Persons Passport # or other ID*: _____
Issuing State or Country of ID: _____	ID Expiration Date: ____/____/____

Management Information	
This section cannot be left blank. If the individual is already listed in (e), only Name and Title must be recorded.	
f. Provide information for one individual with significant responsibility for managing the Legal Entity such as:	
<input checked="" type="checkbox"/> An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or <input type="checkbox"/> Any other individual who regularly performs similar functions.	
Name: <u>Anthony Deo</u>	Title: <u>CEO</u>
Address: _____	Date of Birth: ____/____/____
Driver's License # or Other ID: _____	ID Expiration Date: ____/____/____
For U.S. Persons Social Security #: _____	
For Non-U.S. Persons Passport # or other ID and Country of Issuance*: _____	

Certification	
I, (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct. I agree to notify the bank of any change in such information.	
Name: <u>Anthony Deo</u>	Signature: <u>[Signature]</u> Date: <u>4/4/23</u>

Recertification	
Recertification -- 1 <sup>st</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.	
Name: <u>Anthony Deo</u>	Signature: <u>[Signature]</u> Date: <u>4/18/23</u>

Recertification -- 2 <sup>nd</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.	
Name: _____	Signature: <u>[Signature]</u> Date: ____/____/____

Recertification -- 3 <sup>rd</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.	
Name: _____	Signature: <u>[Signature]</u> Date: ____/____/____

Bank Use Only Upon Initial Certification			
Accepted by: <u>[Signature]</u>	Date: <u>04/04/2023</u>	Master Deposit Account # <u>[Redacted]</u>	
Print: <u>Robert Puccio</u>	Cost Center #: <u>455</u>	Master Loan #: _____	

\*In lieu of a passport number, Non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government issued document establishing nationality or residence and bearing a photograph or similar safeguard.

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c. Name of Individual Opening the Account: Anthony Deo Title: CEO

### Ownership Information

- d. • List each individual or entity who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.
- If an individual's aggregate ownership is 25% or more, even if the entity owns less than 25%, it should be listed.

Name of Individual or Entity	% of Ownership	Name of Individual or Entity	% of Ownership
Anthony Deo	100%		

☐ If checked, ownership % is less than 25% and will be blank.

### e. Beneficial Owner Detail.

- For natural persons listed in (d) record the following information:
- Explain below any layers of Beneficial Ownership by listing natural persons who own entities noted in (d). Only list individuals if their equity ownership is 25% or more of the Legal Entity opening the account.

Beneficial Owner #1: <u>Anthony Deo</u>		Name of Entity: <u>Superb Motors Inc.</u>	
% of Ownership: <u>100%</u>	Date of Birth: <u>[REDACTED]</u>	Title: <u>CEO</u>	
Address: <u>3 Saddle Ridge Road, Old Westbury, NY 11568</u>		For U.S. Persons Social Security #: <u>[REDACTED]</u>	
Driver's License # or Other ID: <u>[REDACTED]</u>		For Non-U.S. Persons Passport # or other ID*: <u>[REDACTED]</u>	
Issuing State or Country of ID: <u>New York</u>		ID Expiration Date: <u>[REDACTED]</u>	
Beneficial Owner #2: _____		Name of Entity: _____	
% of Ownership: _____	Date of Birth: <u>/ /</u>	Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: <u>/ /</u>	
Beneficial Owner #3: _____		Name of Entity: _____	
% of Ownership: _____	Date of Birth: <u>/ /</u>	Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: <u>/ /</u>	



## Certification of Beneficial Owner(s)

Ownership Information Continued	
Beneficial Owner #4:	Name of Entity:
% of Ownership: _____ Date of Birth: <u>1</u> / <u>1</u>	Title:
Address:	For U.S. Persons Social Security #:
Driver's License # or Other ID:	For Non-U.S. Persons Passport # or other ID:
Issuing State or Country of ID:	ID Expiration Date: <u>1</u> / <u>1</u>

Management Information
This section cannot be left blank. If the individual is already listed in (e), only Name and Title must be recorded.
f. Provide information for one individual with significant responsibility for managing the Legal Entity such as:
<input checked="" type="checkbox"/> An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
<input type="checkbox"/> Any other individual who regularly performs similar functions.

Name: <u>Anthony Deo</u>	Title: <u>CEO</u>
Address:	Date of Birth: <u>1</u> / <u>1</u>
Driver's License # or Other ID:	ID Expiration Date: <u>1</u> / <u>1</u>
For U.S. Persons Social Security #:	
For Non-U.S. Persons Passport # or other ID and Country of Issuance:	

Certification
I, (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct. I agree to notify the bank of any change in such information.
Name: <u>Anthony Deo</u> Signature: <u>[Signature]</u> Date: <u>4/4/23</u>

Recertification
Recertification - 1 <sup>st</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.
Name: <u>Anthony Deo</u> Signature: <u>[Signature]</u> Date: <u>4/18/23</u>
Recertification - 2 <sup>nd</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.
Name: _____ Signature: <u>[Signature]</u> Date: <u>1</u> / <u>1</u>

Recertification - 3 <sup>rd</sup> I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.
Name: _____ Signature: <u>[Signature]</u> Date: <u>1</u> / <u>1</u>

Bank Use Only Upon Initial Certification			
Accepted by: <u>[Signature]</u>	Date: <u>04/04/2023</u>	Master Deposit Account #	<u>[Redacted]</u>
Print: <u>Robert Puccio</u>	Card Control #: <u>455</u>	Master Loan #:	

\*In lieu of a passport number, Non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government issued document establishing nationality or residence and bearing a photograph or similar safeguard.

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c. Name of Individual Opening the Account: Anthony Deo Title: CEO

**Ownership Information**

- d. • List each individual or entity who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.
- If an individual's aggregate ownership is 25% or more, even if the entity owns less than 25%, it should be listed.

Name of Individual or Entity	% of Ownership	Name of Individual or Entity	% of Ownership
Anthony Deo	100%		

☐ If checked, ownership % is less than 25% and will be blank.

**e. Beneficial Owner Detail.**

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- Explain below any layers of Beneficial Ownership by listing natural persons who own entities noted in (d). Only list individuals if their equity ownership is 25% or more of the Legal Entity opening the account.

<b>Beneficial Owner #1: Anthony Deo</b>		Name of Entity: <u>Superb Motors Inc.</u>	
% of Ownership: <u>100%</u> Date of Birth: <u>[REDACTED]</u>		Title: <u>CEO</u>	
Address: <u>3 Saddle Ridge Road, Old Westbury, NY 11568</u>		For U.S. Persons Social Security #: <u>[REDACTED]</u>	
Driver's License # or Other ID: <u>[REDACTED]</u>		For Non-U.S. Persons Passport # or other ID*: <u>[REDACTED]</u>	
Issuing State or Country of ID: <u>New York</u>		ID Expiration Date: <u>[REDACTED]</u>	
<b>Beneficial Owner #2:</b>		Name of Entity: _____	
% of Ownership: _____ Date of Birth: ____/____/____		Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: ____/____/____	
<b>Beneficial Owner #3:</b>		Name of Entity: _____	
% of Ownership: _____ Date of Birth: ____/____/____		Title: _____	
Address: _____		For U.S. Persons Social Security #: _____	
Driver's License # or Other ID: _____		For Non-U.S. Persons Passport # or other ID*: _____	
Issuing State or Country of ID: _____		ID Expiration Date: ____/____/____	



## Certification of Beneficial Owner(s)

### Ownership Information Continued

Beneficial Owner #4:	Name of Entity:
% of Ownership: _____ Date of Birth: ____/____/____	Title: _____
Address: _____	For U.S. Persons Social Security #: _____
Driver's License # or Other ID: _____	For Non-U.S. Persons Passport # or other ID*: _____
Issuing State or Country of ID: _____	ID Expiration Date: ____/____/____

### Management Information

This section cannot be left blank. If the individual is already listed in (e), only Name and Title must be recorded.

f. Provide information for one individual with significant responsibility for managing the Legal Entity such as:

- ☒ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ☐ Any other individual who regularly performs similar functions.

Name: <u>Anthony Deo</u>	Title: <u>CEO</u>
Address: _____	Date of Birth: ____/____/____
Driver's License # or Other ID: _____	ID Expiration Date: ____/____/____
For U.S. Persons Social Security #: _____	
For Non-U.S. Persons Passport # or other ID and Country of Issuance*: _____	

### Certification

I, (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct. I agree to notify the bank of any change in such information.

Name: Anthony Deo Signature: X Date: 4/4/23

### Recertification

#### Recertification – 1<sup>st</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Recertification – 2<sup>nd</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Recertification – 3<sup>rd</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Bank Use Only Upon Initial Certification

Accepted by: <u>X Robert Puccio</u>	Date: <u>04/04/2023</u>	Master Deposit Account: <u>[REDACTED]</u>
Print: <u>Robert Puccio</u>	Cost Center #: <u>455</u>	Master Loan #: _____

\*In lieu of a passport number, Non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



# Non Personal Signature Card

Date: 4/4/23

Business Name	Superb Motors Inc.	Tax ID	[REDACTED]
Address	215 Northern Blvd, Great Neck, NY 11021		
Reference #	Account Title / Account Subtitle	Account # (Bank Use Only)	
(1) 2023040401	Superb Motors Inc.	[REDACTED]	
(2)			
(3)			
(4)			
(5)			

☐ Check this box if additional Accounts are to be opened and are listed on additional pages.

The undersigned agree to the by-laws and the rules and regulations of Flushing Bank ("the Bank"), to any future amendments and additions to them, and to any laws and regulations binding on the Bank. The undersigned acknowledge receipt and review of the Bank's disclosures statement and Privacy Notice and agree to the terms and conditions governing the account.

The undersigned authorize the Bank to investigate credit and employment history and obtain reports from consumer reporting agency (ies) on them as individuals. Except as provided by law or another agreement, each of the undersigned is authorized to make withdrawals from the account(s).

The undersigned agree that the Bank is authorized and empowered to charge this account for any loan or other indebtedness the Business owes to the Bank. In order to make payment on each withdrawal, check or Money Order, the Bank will require such authorized signatures as are appropriate, based on this and any other agreements or instructions the Bank has on file.

**CERTIFICATION:** Under penalty of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me);

(2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) that I am a U.S. citizen or other U.S. person; and (4) that the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. You are not required to sign the Certification for mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends.

(Also see Part 3 of W-9 instructions or similar disclosure).

**CERTIFICATION:** The undersigned certify that all account opening information provided is accurate and complete. Exemption from FATCA Reporting Code: \_\_\_\_\_

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. We may ask you several questions and we may require one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.

Signer # 1 (Individual Owner if Sole Proprietorship)	Full Name	Signature	
	Anthony Deo		
Date	Reference #	Reference #	
	4/4/23	<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Signer # 2 (Non-Owner if Sole Proprietorship)	Full Name	Signature	
Date	Reference #	Reference #	
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Signer # 3 (Non-Owner if Sole Proprietorship)	Full Name	Signature	
Date	Reference #	Reference #	
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Signer # 4 (Non-Owner if Sole Proprietorship)	Full Name	Signature	
Date	Reference #	Reference #	
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Signer # 5 (Non-Owner if Sole Proprietorship)	Full Name	Signature	
Date	Reference #	Reference #	
		<input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

☐ Check this box if additional Signers are listed on additional pages.

This Signature Card supersedes and terminates the Signature Card dated \_\_\_\_\_ and any related Signature Card Addendums.



# Account Signer Profile

Date: 4/4/23

☒ Business ☐ Personal

## Business Information

Business Name	Superb Motors Inc.	Tax ID	[REDACTED]
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**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.  
A Secondary ID # is not required for a business account.

First Name	Middle Name	Last Name	Occupation
Anthony		Deo	CEO of Superb Motors Inc
SSN	DOB	Primary ID # and Expiration Date	Secondary ID # and Expiration Date
[REDACTED]	[REDACTED]	NYDL [REDACTED]	
Street / City / State / Zip			Mother's Maiden Name
3 Saddle Ridge Road, Old Westbury, NY 11568			
Email	Home Phone	Business Phone	Cell Phone
anthony.deo@teamauto.com	N/A	516-821-2280	516-509-1668

First Name	Middle Name	Last Name	Occupation
SSN	DOB	Primary ID # and Expiration Date	Secondary ID # and Expiration Date
Street / City / State / Zip			Mother's Maiden Name
Email	Home Phone	Business Phone	Cell Phone

First Name	Middle Name	Last Name	Occupation
SSN	DOB	Primary ID # and Expiration Date	Secondary ID # and Expiration Date
Street / City / State / Zip			Mother's Maiden Name
Email	Home Phone	Business Phone	Cell Phone

First Name	Middle Name	Last Name	Occupation
SSN	DOB	Primary ID # and Expiration Date	Secondary ID # and Expiration Date
Street / City / State / Zip			Mother's Maiden Name
Email	Home Phone	Business Phone	Cell Phone

First Name	Middle Name	Last Name	Occupation
SSN	DOB	Primary ID # and Expiration Date	Secondary ID # and Expiration Date
Street / City / State / Zip			Mother's Maiden Name
Email	Home Phone	Business Phone	Cell Phone

For Bank Use Only		
Account Number(s)	Information Obtained By (Print Name)	Signature
9990234591	Robert Puccio	





## INTERNET GAMBLING NOTICE AND CERTIFICATION

Pursuant to the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, "restricted transactions" such as those in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful internet gambling, are prohibited. You certify that such transactions will not be conducted through your account at Flushing Bank. Please be advised that if Flushing Bank determines that your account is being used to engage in restricted transactions, we reserve the right to terminate your access to certain payment systems and/or close your account.

I, Anthony Deo

Customer Name

CEO

, of

Superb Motors Inc.

Title (i.e. Pres., Sec.)


Company Name

Company/Corporation/Partnership/LLC/Sole Proprietorship do hereby certify that the above named Business entity does not engage in any type of Internet Gambling business.

  
Signature

4/4/23

Date

<b>FOR BANK USE ONLY.</b>			
Account(s) #:		Originating Br. #:	455
		Accepted By:	Robert Puccio
			(Print Name)



## Resolution of Authority | Flushing Bank

☒ New ☐ Change

Account Title: Super Motors Inc.  
 Entry Address: 215 Northern Blvd., Great Neck, NY 11021

TIN Number: [REDACTED]  
 Telephone Number: 516-821-2260

- The individual(s) signing this Resolution hereby certify to Flushing Bank, ("Bank") that the Entity is (check one):
- ☐ a Sole Proprietorship owned entirely by the individual signing this Resolution, a duly formed and valid existing.
  - ☐ a General Partnership
  - ☐ a Limited Partnership
  - ☐ a Service Award Trust organized by the Trustees of the \_\_\_\_\_ of \_\_\_\_\_ and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of its records.
  - ☐ a Limited Liability Partnership organized under the laws of the state of \_\_\_\_\_, and that the individuals signing this Resolution constitute all of the general partners of the partnership.
  - ☒ a Corporation duly organized and in good standing under the laws of the state of NY, and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of its records and corporate seal, if any;
  - ☐ an Unincorporated Association or Organization and that the individual signing this Resolution is the keeper of the records and seal, if any;
  - ☐ a Limited Liability Company organized under the laws of the state of \_\_\_\_\_, and that the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

The following is a true and correct copy of the resolutions adopted by the Entity; such resolutions are now in full force and effect.

## Depository and Withdrawal Authorization

RESOLVED, that Bank is designated a depository in which the funds of the Entity may be deposited and (or) withdrawn by any (indicate number) 1 of the persons listed below in the manner so designated, subject to Bank's deposit account agreement on the same may be amended from time to time. The persons listed are authorized in evidence for collection, deposit, or negotiation, any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between accounts at Bank and other banks, either belonging to or coming into the possession of the Entity. Endorsements "for deposit" may be written or stamped. Bank may accept any instruments for deposit in any depository account of the Entity without endorsement or may supply the endorsement of the Entity. The persons so designated are authorized to sign any and all checks, drafts, and orders drawn against any designated accounts of the Entity (including saving accounts) at Bank. Bank is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of in whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person listed, even if doing so incurs or increases an overdraft.

PRINT NAME:	TITLE:	PRINT NAME:	TITLE:
<u>Anthony Lee</u>	<u>CEO</u>		

## Signing Authorization

RESOLVED, that any 1 of the persons indicated above is authorized to act for and on behalf of the Entity in any matter involving any of the Entity's depository accounts at Bank, including the authority to instruct Bank to close the account, to give instructions by means other than the signing of any form with respect to account transactions such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other technology means, and is further authorized to sign and implement for and in the name and behalf of the Entity, in they, or any of them see fit, the agreements, instructions, drafts, orders, certificates, or other documents relating to any depository accounts or other business of the Entity including, but not limited to payment agreements, repurchase agreements, right depository agreements, funds transfer agreements, agreement for automated clearinghouse services, agreements for online services, and/or safe deposit agreements.

## Borrowing Authorization

RESOLVED, that any 1 of the persons indicated below is authorized to act for and on behalf of the Entity to borrow money and to obtain credit for the Entity from Bank on such terms as may seem to advisable and to make and deliver notes, drafts, acceptances and any other obligations of the Entity themselves, independent of guarantee and of indemnity, agreements and contracts, all in their entirety to Bank, and, as security therefor, to grant a security interest in and to assign, transfer, hypothecate, mortgage, pledge, trust, warehouse, exchange and substitute any stocks, bonds, securities, mortgages, bills and securities, bills of lading, warehouse receipts, goods, insurance policies, certificates or any other property of every nature and description held by or belonging to the Entity, with full authority to endorse, assign or guarantee the same in the name of the Entity, to execute and deliver security agreements and all instruments of assignment, transfer, hypothecation, mortgage, pledge and trust, to sell or discount with or without recourse any bills receivable or any other paper, whether or not negotiable, held by the Entity, to subordinate and assign any obligations and debts owed to the Entity by another or others, and in connection therewith, to execute and deliver instruments of subordination and assignment to Bank satisfactory to Bank; to authorize and request Bank to purchase, sell, deliver or exchange for the account of the Entity stocks, bonds, certificates of deposit or other securities, and foreign exchange or the proceeds thereof; and to execute and deliver all instruments, agreements and contracts required by Bank in connection with any matters herein contained or in connection with any services, of whatever nature or description, to be provided by Bank to the Entity.

PRINT NAME:	TITLE:	PRINT NAME:	TITLE:
<u>Anthony Lee</u>	<u>CEO</u>		

## Service Award Trust Authorization

RESOLVED that Bank may draw periodic checks from its central bank check account, which will be funded, as required, through a charge to any of the Entity's depository accounts with Bank, to pay the entitlement award to eligible participants as directed by an account signer authorized by the Entity. These payments will not charge and will continue until Bank is instructed otherwise by the Entity.

## Further Authorization

BE IT FURTHER RESOLVED that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability company), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, signature signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this authority shall remain in full force and effect until express written notice of revocation or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other cause without such notice, it is intended that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunto subscribed his/her name(s) and affixed the seal, if any, of the Entity this 4 day of April 2023

For Service Award Trust, Corporation or Unincorporated Association or Organization:

For Sole Proprietorship

For Partnership (all general partners must sign)  
 For Limited Liability Company (all members must sign)

Secretary

Owner/Sole Proprietor

Partners/Member/Manager

☐ THIS IS A NOT-FOR-PROFIT BUSINESS

Partners/Member/Manager

This Resolution supersedes and terminates the resolution dated \_\_\_\_\_.

**CERTIFICATE OF INCORPORATION  
OF  
SUPERB MOTORS INC.**

Under Section 402 of the Business Corporation Law

I, the undersigned, a natural person of at least 18 years of age, for the purpose of forming a corporation under Section 402 of the Business Corporation Law of the State of New York hereby certify:

**FIRST:** The name of the corporation is:

**SUPERB MOTORS INC.**

**SECOND:** This corporation is formed to engage in any lawful act or activity for which a corporation may be organized under the Business Corporation Law, provided that it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

**THIRD:** The county, within this state, in which the office of the corporation is to be located is NASSAU.

**FOURTH:** The total number and value of shares of common stock which the corporation shall have authority to issue is: 200 SHARES WITH NO PAR VALUE.

**FIFTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the corporation served upon him or her is:

THE CORPORATION  
15 LANCASTER STREET  
LYNBROOK, NY 11563

**SIXTH:** No Director of this corporation shall be personally liable to the corporation, or its shareholders for damages for any breach of duty in such capacity, provided that this provision shall not limit the liability of any director if a judgment or other final adjudication, adverse to him, establishes that his act or omissions were in bad faith or involved intentional misconduct or a knowing violation of law or that he personally gained in fact a financial profit or other advantage, to which he was not legally entitled or that his acts violated Section 719 of the New York Business Corporation Law.

**SEVENTH:** The holders of any of the corporation's equity shares shall be entitled to preemptive rights in accordance with the provisions of BCL section 622.

I certify that I have read the above statements, I am authorized to sign this Certificate of Incorporation, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

KRISTIE L. DELONG (signature)

---

KRISTIE L. DELONG, INCORPORATOR  
BLUMBERGEXCELSIOR  
236 BROADWAY  
MENANDS, NY 12204

**Filed by:**  
BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
236 BROADWAY  
MENANDS, NY 12204

**BLUMBERGEXCELSIOR CORPORATE SERVICES INC. (39)  
DRAWDOWN  
CUSTOMER REF# 353195**

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 02/04/2021  
FILE NUMBER: 210204010081; DOS ID: 5933755**

TAX ID



New York State Department of Motor Vehicles  
**OFFICIAL BUSINESS  
CERTIFICATE**

THIS CERTIFICATE EXPIRES 04/30/25

FACILITY IDENTIFICATION NO. 7128150 DLU

Validation Date and Number: 03/23/23 90392

This person is REGISTERED AS A  
DEALER

pursuant to the provisions of the Vehicle and Traffic Law.

SUPERB MOTORS INC  
215 NORTHERN BLVD  
GREAT NECK NY 11021



This document does not certify that this business complies with zoning and other local laws.

**POST IN A CONSPICUOUS PLACE**

# Department of State

## Division of Corporations

### Entity Information

[Return to Results](#)
[Return to Search](#)

#### Entity Details

<b>ENTITY NAME:</b> SUPERB MOTORS INC.	<b>DOS ID:</b> 5933755
<b>FOREIGN LEGAL NAME:</b>	<b>FICTITIOUS NAME:</b>
<b>ENTITY TYPE:</b> DOMESTIC BUSINESS CORPORATION	<b>DURATION DATE/LATEST DATE OF DISSOLUTION:</b>
<b>SECTION OF LAW:</b> 402 BCL - BUSINESS CORPORATION LAW	<b>ENTITY STATUS:</b> ACTIVE
<b>DATE OF INITIAL DOS FILING:</b> 02/04/2021	<b>REASON FOR STATUS:</b>
<b>EFFECTIVE DATE INITIAL FILING:</b> 02/04/2021	<b>INACTIVE DATE:</b>
<b>FOREIGN FORMATION DATE:</b>	<b>STATEMENT STATUS:</b> CURRENT
<b>COUNTY:</b> NASSAU	<b>NEXT STATEMENT DUE DATE:</b> 02/28/2023
<b>JURISDICTION:</b> NEW YORK, UNITED STATES	<b>NFP CATEGORY:</b>

#### ENTITY DISPLAY

#### Service of Process on the Secretary of State as Agent

The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:

**Name:** THE CORPORATION

**Address:** 15 LANCASTER STREET, LYNBROOK, NY, UNITED STATES, 11563

**Electronic Service of Process on the Secretary of State as agent:** Not Permitted

#### Chief Executive Officer's Name and Address

**Name:**

**Address:**

#### Principal Executive Office Address

**Address:**

#### Registered Agent Name and Address

**Name:**

**Address:**

#### Entity Primary Location Name and Address

**Name:**

**Address:**

Farmcorpflag

Is The Entity A Farm Corporation: NO

## Stock Information

Share Value	Number Of Shares	Value Per Share
NO PAR VALUE	200	\$0.00000



# STATEMENT of ACCOUNT

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC.  
215 NORTHERN BLVD  
GREAT NECK NY 11021-4401

Statement Begin Date: 04/05/2023  
Statement End Date: 04/30/2023  
Account Number: [REDACTED]

Save as PDF

## CASH MANAGEMENT

9990234591

### All Transactions by Date

Date	Description	Withdrawal / Debit (-)	Deposit / Credit (+)	Balance
04/04	Balance Forward			\$0.00
04/05	Deposit		\$0.00	\$0.00
04/10	Deposit		\$39,939.41	\$39,939.41
04/15	Deposit		\$54,093.78	\$94,033.19
04/22	Deposit		\$20,600.00	\$114,633.19

### Interest Rate Summary

Date Rate  
0.00%

### Account Summary

Previous Statement Date: 04/04/2023

Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge =	Ending Balance
\$0.00	\$114,633.19	\$0.00	\$0.00	\$0.00	\$114,633.19
Avg Stmt Available Bal					\$72,678.00

Minimum Balance \$0.00

### Summary of Deposit Accounts

TYPE OF ACCOUNT	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
Checking	[REDACTED]	\$114,633.19	0.00000%	\$0.00		

**Updated Account Terms and Conditions  
are now available on the Flushing Bank website.  
Please visit [FlushingBank.com](https://www.FlushingBank.com).**





**STATEMENT  
of  
ACCOUNT**

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC.  
215 NORTHERN BLVD  
GREAT NECK NY 11021-4401

Statement Begin Date: 05/01/2023  
Statement End Date: 05/31/2023  
Account Number: [REDACTED]

Save as PDF

**CASH MANAGEMENT**

**9990234591**

**All Transactions by Date**

Date	Description	Withdrawal / Debit (-)	Deposit / Credit (+)	Balance
04/30	Balance Forward			\$114,633.19
05/03	Deposit		\$16,000.00	\$130,633.19
05/05	Deposit		\$29,227.40	\$159,860.59
05/08	TRANSFER TO CK XXXXXXXX8362	\$60,000.00-		\$99,860.59
05/09	Deposit		\$28,000.00	\$127,860.59
05/18	Deposit		\$9,500.00	\$137,360.59
05/23	Deposit		\$10,500.00	\$147,860.59
05/24	TRANSFER TO CK XXXXXXXX8362	\$35,000.00-		\$112,860.59
05/29	TRANSFER TO CK XXXXXXXX8362	\$20,000.00-		\$92,860.59
05/31	TRANSFER TO CK XXXXXXXX8362	\$30,000.00-		\$62,860.59
05/31	TRANSFER TO CK XXXXXXXX8362	\$20,000.00-		\$42,860.59

**Interest Rate Summary**

Date	Rate
	0.00%

**Account Summary**

Previous Statement Date: 04/30/2023

Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge =	Ending Balance
\$114,633.19	\$93,227.40	\$0.00	\$165,000.00	\$0.00	\$42,860.59

Avg Stmt Available Bal \$124,137.69

Minimum Balance \$42,860.59

**Summary of Deposit Accounts**

TYPE OF ACCOUNT	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
Checking	[REDACTED]	\$42,860.59	0.00000%	\$0.00		

**Take advantage of this great rate! A Flushing Bank 15 Month Consumer CD is now earning 4.60% APY (Annual Percentage Yield). With a minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 1/27/23 and is subject to change without notice. Open a 15 Month Flushing Bank Consumer CD today and start earning more!**



# STATEMENT of ACCOUNT

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC.  
215 NORTHERN BLVD  
GREAT NECK NY 11021-4401

Statement Begin Date: 06/01/2023  
Statement End Date: 06/30/2023  
Account Number: [REDACTED]

Save as PDF

## CASH MANAGEMENT

9990234591

### All Transactions by Date

Date	Description	Withdrawal / Debit (-)	Deposit / Credit (+)	Balance
05/31	Balance Forward			\$42,860.59
06/03	Deposit		\$5,000.00	\$47,860.59
06/09	TRANSFER TO CK XXXXXXXX8362	\$30,000.00-		\$17,860.59
06/10	Deposit		\$14,500.00	\$32,360.59
06/12	TRANSFER TO CK XXXXXXXX8362	\$10,000.00-		\$22,360.59
06/13	Deposit		\$8,685.00	\$31,045.59
06/14	TRANSFER TO CK XXXXXXXX8362	\$10,000.00-		\$21,045.59
06/15	ZURICH NA SNAPSH CHASE PYMT		\$95,170.33	\$116,215.92
06/15	Deposit		\$15,000.00	\$131,215.92
06/20	Deposit		\$5,200.00	\$136,415.92
06/20	TRANSFER TO CK XXXXXXXX8362	\$60,000.00-		\$76,415.92
06/27	Deposit		\$9,100.00	\$85,515.92
06/28	TRANSFER TO CK XXXXXXXX8362	\$20,000.00-		\$65,515.92
06/30	TRANSFER TO CK XXXXXXXX8362	\$40,000.00-		\$25,515.92

### Interest Rate Summary

Date Rate  
0.00%

### Account Summary

Previous Statement Date: 05/31/2023

Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge -	Ending Balance
\$42,860.59	\$152,655.33	\$0.00	\$170,000.00	\$0.00	\$25,515.92

Avg Stmt Available Bal \$65,432.43

Minimum Balance \$17,860.59


### Summary of Deposit Accounts

TYPE OF ACCOUNT	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
Checking		\$25,515.92	0.00000%	\$0.00		

**Take advantage of this great rate! A Flushing Bank 15 Month Consumer CD is now earning 4.60% APY (Annual Percentage Yield). With a minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 1/27/23 and is subject to change without notice. Open a 15-Month Flushing Bank Consumer CD today and start earning more!**

**FLUSHING**  
Bank**STATEMENT  
of  
ACCOUNT**

800.581.2889 (855.540.2274 TTY/TDD)

SUPERB MOTORS INC,  
215 NORTHERN BLVD  
GREAT NECK NY 11021-4401Statement Begin Date: 07/01/2023  
Statement End Date: 07/31/2023  
Account Number: [REDACTED] Save as PDF**CASH MANAGEMENT****9990234591**

## All Transactions by Date

Date	Description	Withdrawal / Debit (-)	Deposit / Credit (+)	Balance
06/30	Balance Forward			\$25,515.92
07/07	TRANSFER TO CK XXXXXXXX8362	\$25,000.00-		\$515.92
07/24	Deposit		\$32,658.00	\$33,173.92
07/25	TRANSFER TO CK XXXXXXXX8634	\$250.00-		\$32,923.92
07/26	TRANSFER TO CK XXXXXXXX8362	\$30,000.00-		\$2,923.92
07/27	Deposit		\$13,000.00	\$15,923.92
07/31	TRANSFER TO CK XXXXXXXX8362	\$15,000.00-		\$923.92

## Interest Rate Summary

Date	Rate
	0.00%

## Account Summary

Previous Statement Date: 06/30/2023

Beginning Balance +	Deposits +	Interest Paid -	Withdrawals -	Service Charge =	Ending Balance
\$25,515.92	\$45,658.00	\$0.00	\$70,250.00	\$0.00	\$923.92

Avg. Stmt Available Bal \$9,532.50

Minimum Balance \$515.92

**Summary of Deposit Accounts**

TYPE OF ACCOUNT	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
Checking	[REDACTED]	\$923.92	0.00000%	\$0.00		

**Take advantage of this great rate! A Flushing Bank 12 Month Consumer  
CD is now earning 5.00% APY (Annual Percentage Yield). With a**

**minimum deposit of \$1,000 you can start earning one of the most competitive rates around. A penalty may be imposed for early withdrawal on CDs. Rate is effective as of 6/28/23 and is subject to change without notice. Open a 12 Month Flushing Bank Consumer CD today and start earning more!**